

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Natchez Democrat			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 503 N Canal Street			Amount 1275.75	
City Natchez	State MS	Zip Code 39120	Transaction ID : SE.4947	
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		7596.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee The Jackson Advocate			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address PO Box 3708			Amount 600.00	
City Jackson	State MS	Zip Code 39207	Transaction ID : SE.4942	
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		6320.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1875.75	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. Brian Perry		[Electronically Filed]	Date MM / DD / YYYY 10 / 29 / 2014	
Signature				

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PAGE	2	OF	2
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NAME OF COMMITTEE (In Full) Mississippi Conservatives		FEC IDENTIFICATION NUMBER ▼ C C00554774	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Mississippi Link		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address PO Box 11307		Amount 600.00	
City Jackson	State MS	Zip Code 39283	Transaction ID : SE.4943
Purpose of Expenditure Newspaper Advertisement	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS	
Calendar Year-To-Date Per Election for Office Sought 5720.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2475.75

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM	DD	YYYY
10	29	2014

Signature